STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist	(s) Joel	Maiola							
II. Name of lobbyist's partnership, firm or corporation, if any:									
McLane Middlet	on Gove	ernment & F	Public Strate	gies, LLC					
(Na	me of parti	nership, firm or co	orporation)			·			
900 Elm Street	, P.O.	Box 326	Mancheste	r NH	1	03105-0326			
	treet)		(Town/City)	(State)	(Zip Code)			
(603) 628-1485		(603) 625-5650	e-mail io	el.maiola	a@mclanegps.com			
(Telephone)			(Fax)	5 <u></u>					
III. This statement c reportable expense t					you may file	e a separate report for			
	nsactions -	occurring in the	months prior to the	e reporting date relat	ive to the foll	owing client:			
NH Hospital As									
OD	(Full Na	ame of Client as i	t appears on the Lobb	yist Registration Form)				
OR All reportable tran unrelated to any partic			including the lobby	vist's family), or the	lobbying firm	listed below which are			
IV. Date of Report	April 2	26, 2017		July 26, 2017					
Reports cover: activ	ity from date of registration to 3/31/17		n to 3/31/17	activity from 4/1/17 to	6/30/17				
		er 25, 2017 3 com 7/1/17 to 9/3	0/17	January 31, 29 activity from 10/1/17					
V. There have been If this box is checked, Concord, NH 03301.									
VI. Check if addition	nal repor	ts are attached	:						
☑ If you have receive	ved fees o	r made expendi	tures, you must file	Addendum A– Fee	s and Expens	ses			
☐ If you have paid a Expense Reimbursem		rium or reimbu	rsed expenses, you	must file Addendun	n B– Report o	of Honorariums or			
☑ If you, your firm,	or your f	amily has made	political contributi	ons, you must file A	ddendum C-	 Political Contributions 			
Sworn Statement/Af I have read RSA 15, I and complete to the b (Signature of lobbyis	RSA 15-B est of my	s, RSA 14-C and knowledge and		eby swear or affirm t		oing information is true			
Joel Maiola									
(Print Name of lobby	/ist)								



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Joel Maiola		
11. Name of lobbyist's partnership, firm or corporation, if any:		
McLane Middleton Government & Public Strategies, LLC		
(Name of partnership, firm or corporation)		, ,
III. Name of Client NH Hospital Associaton	Date _	10/25/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, o	or public relations services
a) Total of all fees received in this reporting period	a) \$	25,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ ear)	50,000.00
c) Total of all fees received to date (Add lines a and b)	c) \$	75,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if may be file aggregate expenses; (b) e: meals puss than \$10 ad with a valuating period are of greate er than \$25 expense r	Expenditures are made by d for the lobbyist(s)/firm. total of all expenses paid the aggregate total of all urchased during a business that is given to the personalue of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of a but not greater than \$50, eimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	25,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period	d) \$	25,000.00
(Add lines a, b and c)		
e) Total of expenses paid this calendar year, prior to this reporting period	e) \$	50,000.00
(This should be the amount on line f of addendum A for last month's report)	, -	
f) Total of all expenses year to date	f) \$	75,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees d	luring this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
		.
Sworn Statement/Affirmation by Lobbyist		
·		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the for	regoing information
is true and complete to the best of my knowledge and benefit.		
Sport	10/3	rly
(Signature of lobbyist)	10/3 (D	ate)
Joel Maiola		
(Print Name of lobbyist)		